

MAJOR CHANGE REQUEST

To change your Major, please complete the information below. Take this completed form to the department of your new Major for signature and new advisor assignment. Submit this completed form to the Registrar's Office, located in the Fletcher Center for Student Services.

NAME: STUDENT ID: PLEASE PRINT Last Name First Name						
PLEASE PRIN	r Last Name	First Name				
•	nding LSSU as an F-1 Status nding LSSU as a Veteran of			☐ Yes ☐ Yes		
☐ MA.	JOR CHANGE					
Are you?	☐ Adding an Additio	nal Major 🏻 🗖 F	Replacing You	r Curren	t Major	
	☐ Adding Additional Information to Current Major (i.e. Concentration or Minor)					
	☐ Removing the Following Major or Minor					
New Majo	or: □ BS □ BA	☐ Associate	☐ Certificate			
Major(s):						
Minor(s):						
Concentra	ation(s):	·				
What Sen	nester/Year do vou exp	ect to graduate?	?			
	v	8				
☐ EFF	ECTIVE TERM C	HANGE (For	Degree Aud	lit & Ge	eneral Edu	cation)
change my	nay elect to enter his/her n general education require s current general educatio	ments) or elect to e				ducation requirements (do not Lake Superior State
New Effec	ctive Term for Degree	Audit:				
Selected General Education Requirements: Do not change my general education requirements Use LSSU's current general education requirements						
			Use LSSU's cur	rent genera	l education requ	irements
STUDE	NT SIGNATURE: _					
2222	_		I AUTHORIZE T	HE CHANGI	ES LISTED ABOV	TE .
CHAIR	SIGNATURE:					
					New Advisor	Assigned by New Department
EDUCA	TION MAJORS (E	ducation Student	s Only):			
					Education	Dean
Stud	ONLY: 7 Term: lent Type N T R C rities correct New Program	Catalog Term M From Term/To T Graduation Date		Catalo Advis Gen	sor	Email Substitution/Waivers Checked Processed